

PSJ10 Exh 70

COMPLIANCE ACKNOWLEDGEMENT FORM

_____ on behalf of itself and all of its subsidiaries, facilities or other locations registered to distribute controlled substances ("Customer"), acknowledges that it will abide by all applicable laws, rules, regulations, and any other regulatory and legal requirements of the U.S. Drug Enforcement Administration (DEA), the Food and Drug Administration (FDA), and of all states in which it distributes and/or dispenses controlled substances and of all states in which it is licensed. Further, Customer acknowledges that it will not distribute or dispense controlled substances if it suspects that a prescription has not been issued for a legitimate medical purpose or in the normal course of professional practice or if it determines that questions exist regarding the proper usage and/or adequate legal compliance by its customer.

Customer understands that Actavis is required by DEA regulations to report to the local DEA Diversion field office any instances of suspicious orders of controlled substances pursuant to DEA guidelines. To this end, Customer will provide to Actavis any information regarding Customer's distribution of controlled substances which Actavis may need to evaluate compliance with DEA regulations. Actavis reserves the right in all cases to limit or eliminate any sales of controlled substances to customers in any situation which it determines in its sole discretion poses issues or questions of proper usage and/or adequate legal compliance by the Customer.

Customer represents that directly monitors and remains aware of the proper usage and handling of controlled drugs that it distributes and/or dispenses and to exercise due diligence to ensure that its customers adhere to all applicable laws and regulatory requirements. Customer is expected to exercise its professional knowledge and expertise to keep current on all such legal and regulatory guidelines.

Customer acknowledges that Actavis may provide a copy of this agreement to the DEA, other federal regulatory agencies, state regulatory agencies, or state licensing boards when determined to be appropriate.

Customer agrees that failure to comply with this Agreement may result in the termination of the relationship between Actavis and Customer, in whole or in part, notwithstanding any other agreements to the contrary.

Agreed to by a duly authorized officer, partner, or principal of Customer.

Signature: _____

Full Name (print): _____

Title: _____

Date: _____